

Indicate activity with X's.

X ADD XXX CHANGE
 XX DELETE XXXX TRANSFER

DEPARTMENT _____

Act. Type	Property Number	Dept Code	City	Bldg	Room	Sub/Obj Code	Acq Code	Date of acq	Original Cost	Description	Model/Serial #

EXPLANATION OR REMARKS (Attach supporting documents)	APPROVALS:	
		Department Head & Date
		Dean or Director & Date (Required for Gifts and Inter-Agency Transfers)
		Agency Authorized Signature & Date